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SUBJECT: RUSSIA: TUBERCULOSIS CASES STABILIZING, BUT DRUG RESISTANCE  
GROWING

REF: Moscow 2487

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11. (SBU) SUMMARY: Increased Russian Government attention to TB control and treatment in recent years, and regional pilot programs involving international donors and experts, are helping to turn the tide in Russia's battle with TB. Tuberculosis (TB) cases in Russia have recently stabilized within the general population, albeit at a high level, and are dramatically declining within prisons. However, multi-drug resistant TB (MDR-TB) cases have been gradually increasing, while the prevalence of extensively drug resistant TB (XDR-TB) is still unclear. Cases of TB/HIV co-infections are steadily rising, suggesting that Russia's HIV epidemic is also beginning to drive the TB epidemic. The Russian Government and international donor community should next focus on targeted programs aimed at studying, controlling and effectively treating drug-resistant forms of TB and TB/HIV co-infections. END SUMMARY.

12. (U) The World Health Organization (WHO) ranks Russia twelfth on the list of the world's 22 high burden TB countries. According to statistics published by the Ministry of Health and Social Development (MOHSD), Russia registered 117,646 new cases of TB in 2006 (a rate of 82.4 cases per 100,000 people), a decline of 1.3 percent compared to 2005. Among the general population, there were 96,867 new cases recorded (67.9 cases per 100,000 population). TB mortality has modestly declined in recent years from 21.9 deaths recorded per 100,000 population in 2002 to 19.5 deaths per 100,000 in 2006.

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TB Situation Most Acute East of the Urals  
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13. (U) TB incidence and mortality are most acute east of the Urals. In 2006, newly registered TB cases in Siberia stood at 131.6 cases per 100,000 population, and there were 37.3 deaths from TB per 100,000 population -- the highest rates in Russia. New TB cases in the Russian Far East (RFE) stood at 127.8 cases per 100,000 population, while there were 33 deaths from TB per 100,000 (the second highest rates in Russia). The incidence of TB among children aged 0-14 years is also highest in Siberia and the RFE with 29.2 cases per 100,000 reported in Siberia in 2006, and 26.5 cases per 100,000 in the RFE. (NOTE: Russia-wide TB incidence rates among children have been flat over the past five years, and stood at 16.1

newly registered TB cases per 100,000 children in 2006.)

¶4. (SBU) As many as 10-15 percent of patients refuse to begin taking medication when they are initially diagnosed with TB, according to doctors at the Federal TB Center in Novosibirsk, which treats the most difficult TB cases from Siberia and the RFE. TB clinics and doctors could in theory resort to the Russian court system to quarantine patients and compel them to undergo treatment, but in practice it is virtually unheard of for a local prosecutor to take on a public health enforcement action.

¶5. (SBU) Thanks to increased government funding and financial support from the World Bank and Global Fund, many of Russia's federal TB centers and regional clinics are now well-equipped with modern diagnostics, testing and treatment equipment. However, it is often difficult to attract doctors, nurses and lab technicians to specialize in TB and other pulmonary ailments. The salaries for TB specialists are not particularly attractive, even with the extra hazard pay they receive for working with infectious patients.

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Behind Bars, TB Situation Has Improved  
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¶6. (U) Despite the fact that the TB situation in prisons has dramatically improved over the last seven years, a Russian prisoner today is still nearly five times more likely to have active TB than a civilian. There were 47,431 active TB cases in Russia's prison system in 2006, and 14,823 new TB cases were recorded within the penitentiary system in 2006 (1,387 cases per 100,000 inmates). (Note: The total number of prison and civilian cases does not quite equal the overall number of TB cases, because Russia tracks additional categories of registered cases, including TB among the police, military, and foreign citizens.) The prevalence of prison cases has steadily declined every year since 1999, when there were 4,347 TB cases for every 100,000 inmates. TB mortality has also dramatically declined, from 238 deaths per 100,000 inmates in 1999

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to 79.1 deaths per 100,000 in 2006. The USG provides financial support to the International Federation of the Red Cross to fund TB programs in Russia's prison system operated by the Russian Red Cross, one of the few organizations (along with the WHO and the U.S. NGO Partners in Health) that is permitted to work with Russian prison populations. TB control programs have been successful in reducing the share of TB cases within the penitentiary system from 29.1 percent of all TB cases in 1999 to 12.1 percent in 2006.

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MDR-TB Gradually Increasing, XDR-TB Picture Unclear  
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¶7. (SBU) Multi-drug resistant TB (MDR-TB) cases have gradually increased over the past seven years from 6.7 percent of all new TB cases in 1999 to 8.1 percent in 2004, and to 9.4 percent in 2006. The official statistics are only approximations of the actual share of MDR-TB cases in Russia, because some regional labs do not have the capacity to perform sensitivity tests to distinguish MDR-TB from normal TB, quality control issues at other labs call into question the accuracy of their results, and not all patients are tested for the presence of drug resistant strains of TB.

¶8. (SBU) The gradual increase in MDR-TB cases is partly attributable to patients' failure to adhere to the full course of TB antibiotic treatment. Many TB patients are from socially marginalized groups such as alcoholics, ex-prisoners, and the homeless, who generally do not access the health care system and find it difficult to adhere to a full course of TB treatment. Another major difficulty is ensuring that released prisoners continue treatment. Prisoners with active TB are segregated from the regular prison population and rigorously take their medicines (otherwise, according to some of our health contacts, they would likely be punished by guards or prison administrators). However, experts estimate that about 40 percent of paroled inmates never show up at a civilian TB clinic after their release to continue taking medication and for follow-on treatment.

¶9. (SBU) There is no comprehensive data on the prevalence of extensively drug resistant TB (XDR-TB) in Russia, though there is a limited amount of data available from regional studies. Data from a 2006 USG-funded WHO study of 102 long-term TB patients in Orel Oblast found that 56.7 percent of those cases were diagnosed with MDR-TB, and 18.9 percent of the MDR-TB cases also met the WHO definition of XDR-TB. A similar 2006 WHO study in Vladimir Oblast found no evidence of XDR-TB among 35 newly registered TB patients, but XDR-TB was detected in nine out of 132 chronic TB patients. Studies in Tomsk Oblast found that 5.1 percent of 611 patients enrolled in a cohort study between September 2000 and September 2004 had XDR-TB at the start of treatment. The USG is currently considering supporting a nationally representative drug resistance survey in FY08 and FY09 to identify the magnitude of the drug resistant TB problem nationwide.

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Rising Tide of TB/HIV Co-Infections  
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¶10. (U) Russia's fast-growing HIV epidemic may be starting to fuel TB infections. TB is the leading cause of death among people with HIV/AIDS, accounting for 59 percent of all deaths among this group in 2006. The number of TB/HIV co-infections has risen from 2,524 cases registered in 2002 (0.6 percent of all TB cases), to 9,102 cases in 2006 (3.1 percent of all TB cases). Likewise, the 3,907 new TB/HIV co-infections detected in 2006 represent 3.3 percent of the 117,646 new TB cases detected in 2006. Within prisons, TB/HIV co-infections have risen from four percent of all TB cases in 2002 to six percent of all cases in 2006.

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Government Spending Up, International Programs Working  
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¶11. (U) Russian Government spending on infectious diseases, including TB, has increased significantly in recent years. Under a federal program targeting socially significant diseases, the Russian federal and regional governments together spent \$220 million on TB control and treatment in 2006, according to the WHO, and will spend a similar amount in 2007. As the WHO noted in its March 2007 TB assessment for Russia, Russian budgets for TB control are "much higher" than in other high burden TB countries.

¶12. (SBU) World Bank and Global Fund financial support, and regional pilot programs involving international donors and experts, are also

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helping to turn the tide in Russia's battle with TB. As the WHO noted in its March 2007 TB Assessment for Russia, "The current positive momentum in TB control in the Russian Federation is partly due to the successful implementation of a number of pilot projects carried out in selected oblasts, supported by international technical partners." Through 2006, the WHO revised TB control strategy of Directly Observed Therapy Short Course (DOTS) has been officially adopted in 85 out of 88 Russian regions with the support of World Bank and Global Fund grants, but implementing a comprehensive DOTS system will remain challenging in many regions. New TB treatment standards and new TB reporting requirements have been implemented in 68 Russian regions which cover 83 percent of Russia's population.

¶13. (U) The American NGO Partners in Health has introduced aggressive case management systems to improve treatment for MDR-TB patients and non-adherent TB patients in Tomsk Oblast (Siberia), which have led to improved cure rates. Partners in Health's TB training center in Tomsk has trained over 215 Russian doctors in the best methods of treating MDR-TB. The center also completed two clinical studies of MDR-TB patients that led to the release of new MDR-TB treatment guidelines in May 2006, backed by both the WHO and the Centers for Disease Control and Prevention (CDC) in Atlanta. Innovative USG-supported TB programs have helped Orel Oblast halve the total number of TB cases between 2003 and 2006, and achieve an 81.2 percent treatment success rate (significantly higher than the national average of 57.2 percent). Eli Lilly's MDR-TB Partnership in Russia has helped to strengthen domestic TB drug production

capacity by transferring the know-how to produce MDR-TB drugs to SIA International, one of Russia's leading pharmaceutical companies (Reftel).

¶14. (SBU) COMMENT: As the WHO noted last March, "Major efforts are still needed" in Russia "to address the threat of MDR-TB and extensively drug-resistant TB and of TB/HIV, as well as to start involving the community in TB control." In the wake of recent incidents where international travelers with drug resistant TB entered the United States, TB control and treatment efforts should remain a key part of USG and other international partners' collaboration with Russia on infectious diseases.

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